



4191-02-U

## SOCIAL SECURITY ADMINISTRATION

### Agency Information Collection Activities: Proposed Request and Comment Request

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes revisions and an extension of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB)

Office of Management and Budget

Attn: Desk Officer for SSA

Fax: 202-395-6974

Email address: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov)

(SSA)

Social Security Administration, DCRDP

Attn: Reports Clearance Director

107 Altmeyer Building

6401 Security Blvd.

Baltimore, MD 21235

Fax: 410-966-2830

Email address: [OR.Reports.Clearance@ssa.gov](mailto:OR.Reports.Clearance@ssa.gov)

- I.** The information collections below are pending at SSA. SSA will submit them to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**. Individuals can obtain copies of the collection instruments by writing to the above email address.

- 1. Request to be Selected as a Payee -- 20 CFR 404.2010-404.2055, 416.601-416.665 -- 0960-0014.** An individual applying to be a representative payee for a Social Security beneficiary or Supplemental Security Income (SSI) recipient must first complete Form SSA-11-BK. SSA obtains information from applicant payees regarding their relationship to the beneficiary, personal qualifications, concern for the beneficiary's well-being, and intended use of benefits if appointed as payee. The respondents are individuals, private sector businesses and

institutions, and State and local government institutions and agencies applying to become representative payees.

Type of Request: Revision of an OMB approved information collection.

Individuals/Households (90%)

<b>Modality of Collection</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
Representative Payee System	1,438,200	1	11	263,670
Paper Version	91,800	1	11	16,830
<b>Total</b>	<b>1,530,000</b>			<b>280,500</b>

Private Sector (9%)

<b>Modality of Collection</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
Representative Payee System	149,940	1	11	27,489
Paper Version	3,060	1	11	561
<b>Total</b>	<b>153,000</b>			<b>28,050</b>

State/Local/Tribal Government (1%)

<b>Modality of Collection</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimate Total Annual Burden (hours)</b>
Representative Payee System	16,660	1	11	3,054
Paper Version	340	1	11	62
<b>Total</b>	<b>17,000</b>			<b>3,116</b>

<b>Grand Total</b>	<b>1,700,000</b>			<b>311,666</b>
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## 2. Representative Payee Evaluation Report -- 20 CFR 404.2065 & 416.665 --

**0960-0069.** Sections 205(j) and 1631(a)(2) of the Social Security Act (Act) state SSA may appoint a representative payee to receive title II benefits or

title XVI payments on behalf of individuals unable to manage or direct the management of those funds themselves. SSA requires appointed representative payees to report once each year on how they used or conserved those funds.

When a representative payee fails to adequately report to SSA as required, SSA conducts a face-to-face interview with the payee and completes Form SSA-624, Representative Payee Evaluation Report, to determine the continued suitability of the representative payee to serve as a payee. The respondents are individuals or organizations serving as representative payees for individuals receiving title II benefits or title XVI payments who fail to comply with SSA's statutory annual reporting requirement.

Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Collection</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-624	266,000	1	30	133,000

### **3. Child Care Dropout Questionnaire -- 20 CFR 404.211(e)(4) -- 0960-0474.**

If individuals applying for title II disability benefits cared for their own or their spouse's children under age 3 and had no steady earnings during that time period, they may exclude that period of care from the disability computation period. We call this the child-care dropout exclusion. SSA uses the information from Form SSA-4162 to determine if an individual qualifies for this exclusion. Respondents are applicants for title II disability benefits.

Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Collection</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-4162	2,000	1	5	167

- 4. Beneficiary Recontact Form -- 20 CFR 404.703, 404.705 -- 0960-0502.** SSA investigates recipients of disability payments to determine their continuing eligibility for payments. Research indicates recipients may fail to report circumstances that affect their eligibility. Two such cases are: (1) When parents receiving disability benefits for their child marry and (2) the removal of an entitled child from parents' care. SSA uses Form SSA-1588-OCR-SM to ask mothers or fathers about their marital status and children currently in their care to detect overpayments and to avoid continuing payment to those no longer entitled. Respondents are recipients of mothers' or fathers' Social Security benefits. Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Collection</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-1588-OCR-SM	171,506	1	5	14,292

- 5. Program Discrimination Complaint -- 0960-0585.** SSA collects information on Form SSA-437 to investigate and formally resolve complaints of discrimination based on disability, race, color, national origin (including limited English language proficiency), sex, sexual orientation, age, religion, or retaliation for having participated in a proceeding under this administrative complaint process in connection with an SSA program or activity. Individuals who believe SSA

discriminated against them on any of the above bases may file a written complaint of discrimination. SSA uses the information to (1) identify the complaint; (2) identify the alleged discriminatory act; (3) establish the date of such alleged action; (4) establish the identity of any individual (s) with information about the alleged discrimination; and (5) establish other relevant information that would assist in the investigation and resolution of the complaint. Respondents are individuals who believe SSA or SSA employees, contractors or agents in programs or activities conducted by SSA discriminated against them.

Type of Request: Revision on an OMB-approved information collection.

<b>Modality of Collection</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-437	255	1	60	255

**6. Waiver of Supplemental Security Income Payment Continuation -- 20 CFR**

**416.1400-416.1422 -- 0960-0783.** SSI recipients who wish to discontinue their SSI payments while awaiting a determination on their appeal complete Form SSA-263-U2, Waiver of Supplemental Security Income Payment Continuation, to inform SSA of this decision. SSA collects the information to determine whether the SSI recipient meets the provisions of the Act regarding waiver of payment continuation and as proof respondents no longer want their payments to continue. Respondents are recipients of SSI payments who wish to discontinue receiving payment while awaiting a determination on their appeal.

Type of Request: Revision of an OMB-approved information collection.

Modality of Collection	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-263-U2	3,000	1	5	250

- II. SSA submitted the information collections below to OMB for clearance. Your comments regarding the information collections would be most useful if OMB and SSA receive them 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

Individuals can obtain copies of the OMB clearance packages by writing to [OR.Reports.Clearance@ssa.gov](mailto:OR.Reports.Clearance@ssa.gov).

**1. Supplemental Statement Regarding Farming Activities of Person Living**

**Outside the U.S.A. -- 0960-0103.** When a beneficiary or claimant reports farm work from outside the United States, SSA documents this work on Form SSA-7163A-F4. Specifically, SSA uses the form to determine if we should apply foreign work deductions to the recipient's title II benefits. We collect the information either annually or every other year, depending on the respondent's country of residence. Respondents are Social Security recipients engaged in farming activities outside the United States.

Type of Request: Revision of an OMB-approved information collection.

Modality of	Number of	Frequency	Average	Estimated
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<b>Completion</b>	<b>Respondents</b>	<b>of Response</b>	<b>Burden Per Response (minutes)</b>	<b>Total Annual Burden (hours)</b>
SSA-7163A-F4	1,000	1	60	1,000

- 2. Internet Direct Deposit Application -- 31 CFR 210 -- 0960-0634.** SSA requires all applicants and recipients of Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits, or SSI payments to receive these benefits and payments via direct deposit at a financial institution. SSA receives Direct Deposit/Electronic Funds Transfer (DD/EFT) enrollment information from OASDI beneficiaries and SSI recipients to facilitate DD/EFT of their funds with their chosen financial institution. We also use this information when an enrolled individual wishes to change their DD/EFT information. For the convenience of the respondents, we collect this information through several modalities, including an Internet application, in-office or telephone interviews, and our automated telephone system. In addition to using the direct deposit information to enable DD/EFT of funds to the recipient's chosen financial institution, we also use the information through our Direct Deposit Fraud Indicator to ensure the correct recipient receives the funds. Respondents are OASDI beneficiaries and SSI recipients requesting that we enroll them in the Direct Deposit program or change their direct deposit banking information.

Type of Request: Extension of an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>



Internet DD	188,129	1	10	31,355
Non-Electronic Services (FO, 800#-ePath, MSSICS, SPS, MACADE, POS, RPS)	6,455,815	1	12	1,291,163
Automated 800# Response System	237,065	1	8	31,609
Direct Deposit Fraud Indicator	10,000	1	2	333
Totals	6,891,009			1,354,460

- 3. International Direct Deposit -- 31 CFR 210 -- 0960-0686.** SSA's International Direct Deposit (IDD) Program allows beneficiaries living abroad to receive their payments via direct deposit to an account at a financial institution outside the United States. SSA uses Form SSA-1199-(Country) to enroll title II beneficiaries residing abroad in IDD, and to obtain the direct deposit information for foreign accounts. Routing account number information varies slightly for each foreign country, so we use a variation of the Treasury Department's Form SF-1199A for each country. The respondents are Social Security beneficiaries residing abroad who want SSA to deposit their benefits payments directly to a foreign financial institution.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden Per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-1199-(Country)	5,000	1	5	417

Date: March 28, 2013

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Faye Lipsky

Reports Clearance Director

Social Security Administration

[FR Doc. 2013-07616 Filed 04/01/2013 at 8:45 am;

Publication Date: 04/02/2013]